

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

1 CHILD'S NAME:

_____ Grade: _____ Room: _____
Last First M.I.

2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [] and write the child's monthly income here: \$ _____. Go to section #5.

3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child? List the case number. DO NOT Complete Section #4. Go to section #5.

Food stamp case number _____ FDPIR case number _____

TANF case number _____

4 ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Social Security Number: ____ - ____ - ____

Printed Name: _____ Home Phone: _____ Work Phone: _____

_____ Zip Code _____ Date _____ Home Address _____

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

6 OTHER BENEFITS - You do not have to complete this part to get free or reduced price school meals.

Health Insurance ☐ Yes. I want health insurance for my child. School officials may give my name and address to Medicaid or the Children's Health Insurance Program officials so that they can send me information about free or low-cost health insurance for my child.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child.
I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ **Date** _____

7 RACIAL/ETHNIC IDENTITY: You are not required to answer this question.

☐ **White**, not of Hispanic Origin ☐ **Black**, not of Hispanic Origin ☐ **Hispanic** ☐ **Asian or Pacific Islander** ☐ **American Indian or Alaska Native**

For School Use Only: Food stamp/FDPIR/TANF household categorically eligible free: ☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Determining official: _____ Signature: _____ Date: _____

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